

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

03/26/2004 HLE333 00000026 10708485

01 FC:2001	385.00 OP
02 FC:2203	145.00 OP

PTO-1556.
(5/87)

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 56688

Application ID: 10708485



Title of Invention: [Golf grip mounted optical aiming device that improves the clubface or putter face alignment to the target]

First Named Inventor: Mark Rocconi

Domestic/Foreign Application: Domestic Application

Filing Date: 2004-03-06

Effective Receipt Date: 2004-03-06

Submission Type: Utility Patent Filing

Filing Type: new-utility

Confirmation number: 2484

Attorney Docket Number: NONE

Total Fees Authorized: 675.0

Payment Category: Credit Card

Credit Card Number: *****3994

Expiration Date: 11302006

Card Holder Name: Mark Rocconi

Postal Code: 06812

RAM Payment Status: RAM has been failed because:
Incoming sale total does not match RAM-calculated sale amount.

Digital Certificate Holder: Not trusted entity.

Certificate Message Digest: 671d5db0c12f014dd1d28ac5f509015bb5bfa75a

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	9	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20=	* 0
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	145.00
TOTAL	530.00

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

CLAIMS ONLY							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	1						51					
2		1					52					
3		1					53					
4		3					54					
5		3					55					
6		0					56					
7		0					57					
8		0					58					
9		0					59					
10							60					
11							61					
12							62					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL CLAIMS	13						TOTAL CLAIMS					